

BETHESDA MARRIOTT

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PROCEEDINGS: PUBLIC SCOPING OPEN HOUSE – NNMC EIS

National Naval Medical Center BRAC Scoping Meetings

Formal Presentation

As delivered by Commander John Zulick, Engineer, National Naval  
Medical Center

We would like to provide an opportunity for you to learn about and to participate in the early part of the planning process for a major project effort in your community.

We will begin by elaborating on our purpose for being here by giving you an overview a law called the National Environmental Policy Act, or NEPA for short, including scoping, preparation of a Draft Environmental Impact Statement, the preparation of the Final Environmental Impact Statement, and the timelines that are associated with each step of that process.

We will then make a presentation, discussing the National Naval Medical Center and the actions being proposed there. Following the formal presentation, we'll open the floor for your comments. This will not be a standard "Question and Answer" session you may be familiar with. It will be a session to receive your comments. Many of you signed in on our roster to make comments when you came in. We will be calling on you first. If you did not sign in to make comments, however, we will get to you by asking you to raise your hand.

Now to our purpose for being here – the National Environmental Policy Act process.

35 years ago, the National Environmental Policy Act was passed, and this is an umbrella, environmental review law. It is intended to have Federal Agencies examine their proposed actions and what effect those actions might have on the environment. And that includes both the neighboring environment and the environment where the action is taking place. It mandates that we look at all reasonable alternatives and identify and address those. We'll also look for significant environmental issues and analyze them. Then we'll bring that environmental information back to the public. An Environmental Impact Statement is required when a proposed action has the potential of resulting in a significant impact.

The following is a snapshot view of the process. We began on November 21<sup>st</sup> when we issued a Notice of Intent that was published in the Federal Register and in local newspapers. Tonight, we're at a Scoping Session, which is intended to gather comments and to look for areas that need analysis. The comment period for Scoping will be open from November 21<sup>st</sup> until Thursday January 4<sup>th</sup>. Input received will be coupled with analysis and impacts into a document known as a Draft Environmental Impact Statement.

Once the Draft Environmental Impact Statement has been assembled, it will then be distributed to the public, and to state and local agencies. Our current plan is to deliver that document by June 2007. There will be a second comment period to discuss that document through July 2007.

Based on comments received, further analysis will be conducted as necessary. A Final Environmental Impact Statement will then be prepared. Our plan is to distribute the Final Environmental Impact Statement near the end of November 2007, which will be accompanied by a Public Notice and No Action period.

The purpose of the Final Environmental Impact Statement is to recommend a Preferred Alternative, and then to document the process of selecting an Alternative in what is called a Record of Decision, which is planned to be published by February 2008.

Tonight, we're conducting the scoping session, and the intent of the law was to provide early and open process by which we can determine those issues that need to be addressed and identified. So as I said earlier, we do solicit your comments. We will be listening to what you have to say, and we will address it in documentation.

We look forward to affording all interested parties an opportunity to present their views, and then incorporate that into our analysis process. I will put up the means by which you can contact us at the end of this presentation.

#### #1 - Slide Title: **Background**

Now that the introduction is complete, we will start with the brief itself.

We are here tonight because a number of decisions from the 2005 round of Base Realignment and Closure (or "BRAC" for short) directly affect our area. Although base closure has been a major part of previous BRAC rounds, the 2005 round of BRAC was somewhat different in that closure of facilities was not as dominant a driver as it had been – realignment, DoD Transformation, and improved joint operations were key focus areas.

Here in the Washington DC area, we currently have two major military medical centers within 6.5 miles of each other – the Walter Reed Army Medical Center in Washington DC, and the National Naval Medical Center at Bethesda. Both facilities have somewhat similar capabilities, in that both are classified as medical centers capable of providing tertiary medical care (that is, sub-specialty and complex care), and both provide graduate medical education and support various types of research.

If we take a quick look at history, the Vietnam War revealed weaknesses in both military medical centers. The types and amounts of casualties received from the war required new approaches to medical treatment, and in the 1970's both Walter Reed and Bethesda underwent significant renovations, opening their new healthcare areas by 1980.

Since 1980, medical care has advanced in many ways. More services are provided on an outpatient basis, such as different types of surgery, which reduces the requirement for inpatient beds. Conversely, the patients that require a bed stay may now stay longer than before. Medical treatment involves far more sophisticated electronic equipment in greater numbers than before, which generally means that various types of treatment rooms need to be larger to accommodate the increase in equipment.

The Medical Community has learned that the quality and appearance of a facility inside and outside can have an impact on positive patient outcomes.

And here in the Washington DC region, there has also been a shift in the demographics of eligible beneficiaries. More personnel are living farther away from the Washington DC area than before, moving primarily to the south and to the west of the metropolitan area. Commuting from some of these locations to the northern part of the Interstate 495 beltway for medical treatment can be quite involved. We will be able to address some of these concerns during implementation of the 2005 round of BRAC.

The Walter Reed Army Medical Center has been directed under BRAC Law to realign, and to transfer its functions to other locations. Some of Walter Reed's functions will come to Bethesda, increasing current capabilities by adding facilities and staff to serve an anticipated larger number patients. There will be other impacts associated with this effort, and we are here tonight to describe as best we can our current knowledge of plans, and to solicit your input before we begin detailed planning and analysis in earnest.

The BRAC actions will result in significant additions to facilities space, and the number of staff, facilities space, patients and visitors that will use the facilities in Bethesda. To properly analyze the impacts of these proposed changes, the Navy is preparing what is called an "Environmental Impact Statement" to

evaluate the potential consequences of the changes directed by BRAC. While we are undergoing the analysis to support BRAC-directed action, we will take a holistic approach and look at all other potential changes over a 10-year planning timeframe that will end in the year 2016. We want to be sure to include all known proposals and impacts to consider them as a complete group, and your comments and suggestions will help guide that work.

## **#2: Slide Title: The Proposed Action**

The BRAC 2005 law mandates changes to both Walter Reed Army Medical Center and the National Naval Medical Center. The end result of the changes will be that the current Walter Reed medical facility closes, some of its mission is transferred to Bethesda, which expands its capabilities, and when the changes are complete in 2011, Bethesda will be re-named the “Walter Reed National **Military** Medical Center at Bethesda.”

The BRAC Commission recommendations which directly affect the current Walter Reed Army Medical Center and the Bethesda Campus are listed here:

First, relocate all tertiary medical services (that is, sub-specialty and complex care) to Bethesda, establishing it as the Walter Reed National Military Medical Center Bethesda MD. The BRAC Legislation makes specific mention of different types of medical care.

As background, to help understand the difference between types of care,

Primary care is basic or general healthcare traditionally provided by doctors trained in family practice, pediatrics, and internal medicine.

Specialty care is provided by physicians whose training focused in a specific field, such as neurology, cardiology, dermatology, or orthopedics.

Tertiary care is specialized consultative care, usually on referral from primary or specialty care medical personnel, by specialists working in a center that has personnel and facilities for special investigation and treatment.

So, if we read the first bullet again, per the BRAC legislation only part of Walter Reed’s mission will come to Bethesda, and that is an important point.

The second item listed under the BRAC legislation we’re concerned about is “relocate Legal Medicine to the new Walter Reed National Military Medical Center Bethesda”. To understand what that means, BRAC 2005 includes a decision to disestablish the Armed Forces Institute of Pathology as a complete entity, and to relocate or cease entirely the many functions that it performs. The Armed Forces Institute of Pathology is currently located on the Walter Reed Campus. Legal Medicine is one department of that Institute.

The third item is “relocate sufficient personnel to the new Walter Reed National Military Medical Center at Bethesda to establish a Program Management Office that will coordinate pathology results, contract administration, and quality assurance and control of DoD second opinion consults worldwide. These functions are also part of the Armed Forces Institute

of Pathology, and the functions are to be assembled into a new Program Management Office as described.

The BRAC legislation indicates that the National Museum of Health and Medicine, currently located at Walter Reed Army Medical Center, will remain in operation and will move to the Bethesda campus. Since 1862, the Museum has served as a national asset to promote the understanding of medicine, past, present, and future, with a special emphasis on American military medicine.

The item at the bottom is “relocate all non-tertiary (primary and specialty) patient care functions to a new community hospital at Fort Belvoir, VA.” This is an important point to make – BRAC is providing authorization to construct two separate, more capable medical facilities in the Washington DC region that will aid in better serving beneficiaries. It also means that not all of Walter Reed’s functions will come to Bethesda – only a portion of them will.

### **#3 - Slide Title: Purpose and Need for the Proposed Action**

This slide describes what are called the purpose and need for the proposed action, and in the world of environmental analysis, these terms carry special meanings.

The need is the driving factor, or a requirement that must be met. In this case, the need is to comply with the BRAC 2005 law – to absorb functions at Bethesda as directed. Preliminary planning has indicated that there is not sufficient space to accommodate all the new functions that are supposed to arrive.

The “Purpose” describes what is to be done to meet the need, and includes the additional details of accommodating expansions to three of the main missions at Bethesda – inpatient and outpatient healthcare, graduate medical education, and support of research.

### **#4 - Slide Title: The Office of Integration**

Now would be a good time to describe ongoing efforts that are moving forward, parallel with Base Realignment and Closure. The BRAC Law provides direction to execute different actions, and will eventually provide the authorization and funding to construct or renovate various facilities. However, BRAC does not describe exactly how to carry out the thousands of decisions that must be made to reach the end-state of a world-class Academic Medical Center, committed to Clinical Quality, Graduate Medical Education and Research.

The Walter Reed National Military Medical Center at Bethesda is envisioned to be the U.S. Military’s worldwide tertiary care, referral center for casualty and beneficiary care, part of an integrated delivery system that involves healthcare providers from the three Services.

The Office of Integration’s mission is to integrate clinical and administrative requirements of Walter Reed Army Medical Center and the National Naval Medical Center to reach a new operational state that supports an integrated Walter Reed National Military Medical Center at Bethesda. The Office of Integration’s mission is to facilitate planning the personnel and cultural components of the upcoming changes to military medicine in the National Capital Area to ensure that they are successful. The National Capital Area is comprised of 9 Military Treatment Facilities (MTFs) and the Uniformed Services University of the Health Sciences. The Office of Integration is working with clinical and administrative leaders and subject matter experts of the Army, Navy and Air Force to organize the transition of departmental structures between Walter Reed and Bethesda to create departments that are integrated and behaving as one, well before the mandated deadline for BRAC.

For instance, the Integration of the Dermatology Departments at Walter Reed and Bethesda was a Pilot Program. COL Krivda was selected as the Interim Department Head during this Pilot Program. He has taken charge of leading the Dermatology Departments at both Walter Reed and Bethesda. This type of action is essential to achieve the functional integration of the two facilities over the next year. The goal is that the departments, clinics and wards of both Walter Reed and Bethesda function as one organization with two sites, one located on Georgia Avenue and the other located on Wisconsin Ave, until we become one organization located in one Medical Center on Wisconsin Ave in September 2011. In addition, Walter Reed and Bethesda have also established new Deputy Commander positions at each location. At Walter Reed, a Navy Captain Damiano, former head of Bethesda's Medical-Surgical Directorate, is now designated as a Deputy Commander for Integration there. And at Bethesda, Army COL West was designated to serve as our Deputy Commander for Integration.

Because of the significant amount of construction and renovation projected to occur at Bethesda, there may be times when entire departments are temporarily moved to Walter Reed to maintain continuity of healthcare until facility work is complete.

A tremendous amount of teamwork, cooperation and synergy will be required to make this a success, and the Army and Navy have both recognized that the operational component of integration that guides the actions of all personnel will have as much or more to do with the success of this effort than solely the BRAC-directed facility planning.



#5 - Slide Title:  
**Environmental Impact Statement**

Now that we have covered the high-level objectives of this effort, I'd like to return to how the Environmental Impact Statement fits in.

When the Federal Government contemplates taking a significant action that may affect the human environment, it is required to follow guidance in the National Environmental Policy Act, or NEPA. That law directs that a thorough analysis of potentially affected environmental areas be conducted, and that the public be informed and involved in the process.

The large paragraph at bottom describes the need for conducting an environmental analysis under the NEPA law as a result of direction provided by the BRAC Legislation.

Our goal is to conduct an open and forthright analysis, and to keep the public informed as appropriate so that we can complete the tasks set before us.

# 6 - Slide Title:  
**The EIS and Master Planning Process**

This is a graphic depiction of the combined Environmental Impact Statement (or "EIS" for short) and Installation Master Planning process. It integrates two planning activities into a seamless whole. We are receiving contract support from the Naval Facilities Engineering Command Washington to complete both the EIS and the Master Plan.

The gray blocks depict the steps required to be performed during Environmental analysis. This is driven by the National Environmental Policy Act law described earlier. To walk through a description of the gray blocks first, we are at the block outlined in red – the Scoping Period for the Environmental Impact Statement. It is scheduled at the beginning, before we embark on detailed planning activities. By holding these scoping meetings now, we afford the public an opportunity to comment before we truly start, which minimizes the chance that we might have to re-do some of the work because an important point as viewed by our neighbors and stakeholders may have been left out.

All the comments that are made tonight, at the other Scoping Meetings, and during the comment period from November 21<sup>st</sup> to January 4<sup>th</sup> will be documented and addressed.

After the initial comment period closes, we will proceed with preparing the draft version of the Environmental Impact Statement, which will be a fairly involved document with more detail and specifics than we will be able to provide

to you tonight. It will take approximately 6 months to prepare that draft, and we are tentatively scheduled to release that draft document to the public in June of 2007. There will be another comment period similar to this one of 45 days duration when the public will be able to make comments on the Draft EIS.

After the second comment period closes, the Final Version of the Environmental Impact Statement will be prepared. We have tentatively scheduled to have the Final EIS available for release at the end of 2007. There will be a 30-day Public Notice and No Action period upon the release of the Final EIS. Meetings will not be held after release of the Final EIS as they were during the Scoping Period and during the review of the Draft EIS. Comments received during Final EIS Public Notice and No Action period will be addressed as needed, and then a decision will be made on which alternative to select. I'll describe those alternatives on following slides.

On the bottom of this slide are concurrent steps for the Installation Master Plan Process in yellow. Draft and Final versions of the Installation Master Plan will be available when environmental documents are made public. Comments may also be received on the Master Plan.

The Installation Master Plan will cover a 10-year planning period to the year 2016, and will take into account all major known or planned projects to find the best way to integrate the many requirements while accommodating the base's long-term mission. The Installation Master Plan will include a separate Traffic Study that performs an in-depth analysis of current and projected traffic volumes in the surrounding area. This study will meet the requirements and follow the guidance established by both the National Capitol Planning Commission, and the Maryland-National Park and Planning Commission. It is being conducted in coordination with regional, state and local transportation and planning agencies.

In the center of the slide are boxes in white, which depict the times when the public can provide input into the process. The Notice of Intent started the first comment period, which will remain open until January 4<sup>th</sup>. Comments received after that time will not be considered until the second comment period opens in the summer of 2007 to receive input on the Draft Environmental Impact Statement and Draft Installation Master Plan. At the end of that second open comment period, we again stop receiving comments.

The last major public notification prior to a decision being made will be the distribution of the Final Environmental Impact Statement for review. The preferred Alternative must be identified in the Final Environmental Impact Statement. At the end of the 30-day Public Notice and No Action period, the process will begin for making a decision to select and implement one of the Alternatives under consideration.

The decision is made by the Navy Secretariat, and is documented by what is called a "Record of Decision." The Record of Decision is a required NEPA decision document that follows an Agency's publication and processing of an EIS. It is a concise public record of decision that states what the decision was, identifies all Alternatives, specifying the Alternative that is environmentally preferable, and states whether all practicable means to avoid or minimize environmental harm from the Alternative selected have been adopted.

The National Capitol Planning Commission will hold a hearing on the Installation Master Plan about a month after the Record of Decision is signed. After the Record of Decision is signed, final design, construction and renovation activities that were analyzed during the process may begin.

### **#7 - Slide Title: Proposed Alternatives**

We have developed different Alternatives to select from in implementing BRAC requirements:

The first Alternative is to provide the facilities necessary to implement the BRAC recommendation.

The second Alternative is to implement BRAC, and to also consider other development and changes to the installation at Bethesda.

And the third Alternative is called the “No Action” alternative. The “No Action” alternative is required by the National Environmental Policy Act to be analyzed and serve as a baseline against which the changes that may be brought about by the other alternatives can be measured. Since we are required to implement BRAC, we will not be able to select the “No Action” Alternative unless the BRAC Law is changed.

### **#8 - Slide Title: Alternative One, BRAC Actions Only**

Now I would like to go into some additional detail on the first two Alternatives.

Alternative One will provide the items listed:

- Medical Center construction and renovation
- Construction of additional parking
- The National Medical Museum
- Potential temporary and permanent lodging facilities, which may consist of added Barracks space, additions to the existing Navy Lodge (which is a Navy version of an on-base hotel), and additions to the current Fisher Houses.
- For those of you who may not be familiar with the “Fisher House” term, the purpose of a Fisher House is very similar to that of a “Ronald McDonald House” – it provides lodging free of charge in a home-like atmosphere to enable families to be close to their loved ones during times of extended medical treatment.

Also listed are improvements to roads and utilities that would serve the newly constructed or renovated items.

Potential improvements to access gates may also be provided to better handle traffic and improve the base's security posture.

The figures in the second paragraph provide summary numbers for the items just described. The numbers are shown as overall figures for different types of increases, because we do not yet have figures available for each project. Additional planning must be conducted before numbers for each project can be finalized.

The totals are:

- 1.1 million square feet of construction and renovation. It is important to point out that not all those square feet will be construction – some will be renovation.
- Although we are not close to having final figures, we anticipate that approximately 2/3 of that total will be construction, and about the remaining 1/3 may be renovation.
- 2,500 structured parking spaces are included based on preliminary plans. Installation Master Planning and a Traffic Study will help us to determine how many parking spaces may be required. It is possible that during construction of new facilities, we may lose a significant number of existing parking spaces.
- 1,400 staff may be added in the breakdown shown.
- An additional 435,000 patients and visitors are projected to arrive each year. Of note is that all additional patient visits are included in Alternative 1. There are no projected increases in patient visits in Alternative 2.
- And, as listed at bottom, the construction, outfitting and move-in of personnel must be completed by mid-September 2011.

### **#9 - Slide: Alternative Two – BRAC Actions Plus Future Growth**

For Alternative 2, one of the more important points is listed at the top:

Alternative 2 includes everything in Alternative 1, and adds other items. The figures shown on this slide are to be added to the figures previously shown for Alternative 1.

- The major change with Alternative 2 is to include expansion of DoD medical education and research facilities, a new Navy Exchange, and improved athletic facilities.
- Again, the 650,000 SF figure shown on this slide would be added to the 1.1M SF shown on the last slide for Alternative 1. Similar to the description for Alternative 1, Alternative 2 includes facility construction and renovation – not only new construction. The estimate of 2/3 construction and 1/3 renovation holds for Alternative 2 also.

Alternative 2 includes an estimated increase of

- 1,100 staff,
- and an additional 100,000 visitors per year.
- As stated before, all patient visits are included under Alternative 1; there are no additional patients expected for Alternative 2.
- The note at the bottom indicates that BRAC-directed actions must be complete by mid-September 2011, while other, non-BRAC projects can finish later than that date.

## **#10 - Slide Title: Anticipated Changes at NNMC**

After going through the figures on slides for Alternatives 1 and 2, it may be helpful to summarize them here.

This slide attempts to get across the relative increases that are projected compared to current figures.

Each vertical bar has an Existing Conditions section on the bottom that represents 100% of the current total. The yellow and green bars on top attempt to show the estimated increase for each Alternative, by category as a percentage of the current amount. I'll provide the figures we used to come up with each bar.

So, for the first bar on the left, that describes Total Patients and Visitor at NNMC, the bottom bar showing existing conditions represents 497,000 patients and visitors per year using Bethesda's facilities, based on 2005 figures. That is an annual, historical number. As shown on previous slides, Alternative 1 adds 435,000 patients and visitors per year, and Alternative 2 could add another 100,000. The total for Alternatives 1 and 2 would be 535,000 additional patients and visitors, which represents an increase of approximately 105% above the current total. Again, these are projected planning estimates at this point.

Moving on to the second bar, total traffic through NNMC gates. Since the ongoing Traffic Study is not yet complete, we used figures from an informal survey to provide an order of magnitude increase for gross traffic figures. This does not have the fidelity that the traffic study will provide, including data on what expected changes may be during peak hours of traffic.

For this particular representation, NNMC conducted an informal study in the summer of 2006 by counting the number of vehicles and pedestrians that passed through all gates during the course of one day. The bar at bottom represents 11,200 vehicles per day that entered NNMC's gates. In that 11,200 figure, we have 8,086 staff members from all activities on the base that use the facilities. The remainder are patients, visitors, contractor vehicles, and others.

The increase in traffic for Alternative 1 is calculated by converting the projected annual visitor totals to a daily number, and adding the projected increase in staff, show on the next bar. Alternative 1 increases gross traffic volume by approximately 30%. By adding in numbers for visitors and staff for Alternative 2, the traffic volume increases to approximately 40% above current levels.

For staff, we have 8,086 staff members within our campus assigned to all activities, per 2005 figures.

Alternative 1 indicated a potential increase of 1,400 staff members, and Alternative 2 indicated a potential increase of 1,100 more, for a total increase of 2,500 staff.

That represents a projected increase of approximately 30% above current figures.

And finally, projected increase in building square footage assumes that we currently have 4.7 Million covered square feet of facilities space to start with. As I mentioned when discussing Alternatives 1 and 2, numbers cited for facility changes included both construction and renovation. If we assume that approximately 2/3 of the 1.1 M SF in Alternative 1 and approximately 2/3 of the 650,000 SF in Alternative 2 are added, we obtain an overall increase of about 25% in facilities space.



### **#11 - Alternatives Analysis**

To analyze Alternatives 1 and 2, we plan to consider the items listed under the first paragraph:

The choice of different locations on base, potential re-use of historic facilities, new construction, and what methods may meet the requirements of cost and timeliness.

Under the no-action alternative, we will primarily be analyzing current conditions to establish baselines against which the potential changes in Alternative 1 and Alternative 2 will be measured.

### **#12 - Slide Title: Sites Potentially Available for Development**

This slide is an overhead photograph of the NNMC facility. For orientation, Wisconsin Avenue is on the left and runs North – South, the National Institutes of Health is to the west, Jones Bridge Road is to the south of the campus, and I-495 is close to the north-east corner of the base.

There are 243 acres and 88 facilities on base. The areas highlighted with the ovals are the result of preliminary planning analysis. These are areas that may prove to be the most economical and cause the least impact if developed. The ovals are intended to show general locations, not the specific borders of potential development. Some of the locations already have existing facilities shown within; in some cases, those facilities have reached the end of their projected lifespan. Other areas are currently undeveloped.

It will not be possible to develop all areas shown here. There are not enough projects nor will there be enough funding to construct facilities in all these areas. The intent here is to show the optional areas that are currently under consideration for fulfilling various needs.

### **#13 - Slide Title: Issues to be Examined in EIS**

The Environmental Impact Statement's analysis will include the items listed on the slide.

Traffic, noise, cultural resources, and land use may prove to be the most involved. Impacts to air, water, biological resources and topography will be examined, as will potential changes to infrastructure. There is a chance that small effects under each area individually could produce a noticeable impact when considered together, so the "Cumulative Impacts" portion listed at bottom will consider that also.

#### **#14 - Slide Title: Public Concerns**

These are the areas that we currently believe will be foremost in the public conscious as we move forward with analysis.

Traffic impacts – 4 of Montgomery County's 10 most crowded intersections are in the area surrounding the National Naval Medical Center and the National Institutes of Health. The separate Traffic Study to be conducted as part of the Installation Master Plan will document current conditions, project potential changes, and will recommend potential mitigation for those increases.

Recommendations could be for on-base or off base changes. Moving forward with potential projects that might be associated with Traffic Study results is an issue to be dealt with separately. We will be working with Regional, State and Local representatives throughout the conduct of the Traffic Study to ensure their concerns are addressed.

For Historic Preservation – I'll describe some details on Historic Preservation on a following slide.

And On – Base Parking availability – having sufficient parking on base will allow us to perform our mission and serve our beneficiaries. Sufficient available parking on base will reduce motivation to park off-base in public areas that are already crowded. We must also consider current planning factors for adding new parking during our analysis. The current number of parking spaces onboard the base is 4,200. The number of potential additional parking spaces described under Alternatives 1 and 2 are early estimates that are subject to change based on the analysis to be conducted.

#### **#15 - Slide Title: Study Area Roadway Network**

This slide depicts a close-in view of the area that will be involved in the start of the Transportation Study. The NNMC campus is shown within the dotted line, and Interstate 495 is shown in the tan color.

The blue dots are intersections that will be included in the start of the Traffic Study. The blue dots with black circles around them (5 in total) represent the 5 gates for the NNMC campus.

#### **#16 - Slide Title: Greater Study Area Roadway Network**

This slide shows the area surrounding the first part of the Transportation Study. In the event that study results so dictate, the area to be analyzed by the Study could expand to additional intersections in any direction away from the NNMC campus.

## **#17 - Slide Title: Transportation Scoping Process and Elements**

This slide goes into more detail about the Traffic Study process.

The Traffic Study commissioned as part of the Master Plan will examine current and projected traffic flows and will determine potential impacts of the projected increases. State and local agencies responsible for road systems will be consulted during the Traffic Study process to aid in development of potential mitigation actions to compensate for projected increases in traffic.

First, in the **upper left**, **Existing conditions** including parking will be analyzed.

The Evaluation of **Potential Transportation Impacts** paragraph in the **lower left** has 3 options that correspond to the 3 Alternatives for the Environmental Impact Statement –

- Alternative 1, BRAC only
- Alternative 2, BRAC plus future growth
- And Alternative 3, the No Action Alternative.

The Identification of **Potential Mitigation Measures** at **top right** will recommend potential Traffic System Improvements and will provide an NNMC Transportation Management Plan.

And, at **bottom right** the study scoping process will consider the results of other analyses that were already conducted. For instance, other Environmental Impact Statements recently completed will be considered, because they may include projections on increases in traffic for their particular actions. Traffic volumes in Bethesda have grown over the years because of many factors, and future growth, as described in these documents, will involve many additive factors also.

Finally, of note at the bottom, is the Community Input we are hoping to receive tonight and before the Scoping comment period ends on January 4<sup>th</sup>.

### **#18 - Slide Title: National Register of Historic Places**

Historic preservation – this slide goes into some detail about the current status of historic structures at the National Naval Medical Center. Facilities indicated in purple shading are either on the National Register of Historic Places, or are eligible for listing on the Register.

We have one facility that is currently listed on the National Register of Historic Places, and that is the Building 1 Tower, which is readily visible from Wisconsin Avenue. Associated with the building and also protected under the National Register is what is called a “Historic Sightline”, which reaches out from the corners of the building and includes the green space between what we call the North and South gates on the west side of the campus.

The remainder of facilities shaded in purple are Eligible for Listing on the National Register, primarily as a historic district. For reference, a Historic District includes multiple facilities that may not have sufficient merit on their own to be designated as historic. However, when viewed as a whole, a group of facilities may achieve the look and feel of a particular era or design style, and as a group, the facilities may be designated as a Historic District.

We have in the shaded areas:

- A former Chief's Barracks and former Nurse's Barracks
- A Warehouse
- A Maintenance Shop
- The Utilities Plant
- A former Research Laboratory Complex
- Five Flag Housing Units
- And, Buildings 3 and 5, which are wings to the east of Building 1 Tower

The majority of these facilities are currently in use for their intended purpose or are in use as administrative facilities. There exists the potential that some facilities may need to be torn down to accommodate missions arriving as directed by BRAC. The Master Plan and EIS will recommend appropriate actions to meet the mission required by BRAC, and will also propose mitigations for any adverse actions that may occur.

**#19 - Slide Title: Areas that May Impact the Community During Construction**

Along with the analysis of differing potential end-states, we also plan to analyze potential impacts during the construction and renovation phase. Since many of our neighbors may not have access to the facility, we have highlighted areas here that may be most visible to our neighbors.

Around the perimeter of the base, in the event that projects to improve the 5 access gates move forward, there will likely be disruptions during times of construction. It is possible that the two entrances shown on the southern part of the base along Jones Bridge Road may see increased truck traffic supporting construction activities on base.

The Potential Pedestrian Bridge is an item that was contemplated as a possibility before the 2005 BRAC Law. The **Bethesda Hospitals Emergency Preparedness Partnership** among NNMCC, NIH and Suburban Hospital in coordination with local officials is at the very beginning of process to study the possibility of creating a pedestrian bridge across Wisconsin Avenue. From an emergency management perspective, the three facilities have been working together to find ways to best coordinate use of their personnel and facilities to respond to a potential disaster in the area. The concept of being able to provide access to the three facilities while not disrupting traffic that may attempt to leave the downtown Washington DC area led to the idea of the study. Again, this topic is at the study stage only.

The Temporary Loss of Parking indicates that during construction we may experience the temporary loss of several hundred parking spaces, which will put a strain on serving patients and staff. This may increase motivation for some personnel to attempt to find parking off base. We hope to address issues like these during the planning process with local officials and community groups to decrease the likelihood of such occurrences.

And finally, the Lay Down Area shown in the northeast corner of the base is one example of several different locations where contractors may be allowed to temporarily store equipment and materials during the construction process. Sites for constructing large facilities may not permit the location of all materials and equipment on site, and temporary storage of these items may be required at other locations on base during the construction phase, which could be close to our neighbors along a portion of our fence line.

## **#20 - Slide Title: Proposed BRAC Timeline**

This slide shows the Proposed BRAC Timeline for the Bethesda campus.

The Environmental Impact Statement is on the first line, and is projected to finish in early 2008 with the Record of Decision described previously. Construction and renovation to be funded by BRAC cannot start until the Record of Decision is signed.

The Installation Master Plan process parallels the EIS process. About a month after the Record of Decision is signed, the National Capitol Planning Commission will hold hearings to discuss the Final Installation Master Plan.

The Planning and Preliminary Designs bar indicates that some planning and design is required to help inform the overall EIS and Installation Master Plan processes, so that decisions can be made regarding facility siting and support. Design work in this phase is preliminary in nature, and is only finalized after the Master Plan and EIS are completed.

Final Design, Construction and Renovation can start to occur after the Record of Decision is signed. The current intent is to perform major construction actions associated with BRAC under a design-build method of procurement. Design-Build has been successfully used in the past to decrease the amount of time required from start of design until completion of facilities. With the September 2011 deadline for BRAC construction, backward planning indicates that Design-Build method of procurement would be a good fit for this application. The Naval Facilities Engineering Command will be the contracting agency for these efforts.

The Transition Personnel and Functions block depicts the outfitting of spaces with equipment and staffing with personnel after construction activities complete. There will be a lot of 'move-in' type activity during that phase.

And finally, the bar at bottom shows the entire timeline for the BRAC process.

## **#21 - Slide Title: Provide Comments**

That concludes my brief for this evening. I'd like to discuss how we can accept your statements. We are collecting your statements in several different ways, as you can see on the slide.

There is a postal address, an E-mail address, a telephone number, and a website. We have the Notice of Intent published on the website, and will have the further documents published as they become available. For your information, we will be posting a version of this brief on our BRAC website. You may want to copy this information down, but it is also in the brochure that we encourage you to take with you when you depart tonight.

I would like to say again how much we appreciate your attendance at tonight's meeting. We view compliance with state and federal environmental regulations as an opportunity to learn about the public's interests and concerns about the proposed project, and to do so early enough in the process so that we can address those concerns and take them into consideration in the decision-making process. This is your formal opportunity to learn about the proposed project, and to influence the direction of this important undertaking.

We are particularly interested in your opinion about the proposed project and those issues and concerns that the Navy will need to focus upon as we conduct the Environmental Impact Statement and the Installation Master Plan. Issues that are important to you are important to us as well. You are encouraged to make your interests and concerns about the proposal known to us. There are no issues too inconsequential for us to consider this evening, so sharing your concerns with us tonight will allow us to take them into account during preparation of the Environmental Impact Statement.

Let me now turn the podium over to Mr. Frank Skidmore, who will moderate the comment period.

Thank you very much for your attention tonight, ( and we wish you all a safe and happy holiday season. )

## **Accept Comments**

### **Frank Skidmore:**

I am part of the EIS support team and will be moderating the comment period. As previously mentioned, many of you signed in on our roster to make comments when you came in. We will be calling on you first. If you did not sign in to make comments, however, we will get to you by asking you to raise your hand.

I will be calling you to use the microphones provided by our staff to make your statement. Please keep in mind that we want to hear from everyone this evening, so we're asking that you limit your verbal comments to three minutes. Comments that would require more than three minutes may be submitted in writing; those can be as lengthy as you wish.

I want to make one more point before I start receiving comments. This meeting is a scoping meeting and as such, it's designed to let us receive your comments. It's not designed as a traditional question and answer session, the way you might think of it. We are here to listen to your comments. They'll be recorded, transcribed, and incorporated into the draft EIS. So your comments will be addressed, just not in this forum.

That's how the NEPA scoping process is defined. However, that being said, we will have an opportunity after the meeting for you to join us in the display area for refreshments and some informal conversations. So if there is a concern that you'd like to address at that time, we look forward to talking with you.

Are there any questions about how we will proceed? If not, let's begin by calling on people in the order they have signed up.